Entered - 10/24/00 - sb CL00L0641 - DIANNE C. MITCHELL

00- <sub>2</sub>-2033

CLAIM OF: DOUGLAS A. DUKE

118 Stillwood Drive Atlanta, Georgia 30306

For damages alleged to have been sustained as a result of property damage due to a fallen tree on July 11, 2000 at 1118 Stillwood Drive.

THIS ADVERSED REPORT IS APPROVED

ROSALIND RUBENS NEWELL

DEPUTY CITY ATTORNEY

## **DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY**

Claim No. <u>00L0641</u>	Date: December 1, 2000					
Claimant Wistin DOUGLAS A DUICE						
Claimant /Victim DOUGLAS A. DUKE						
Address: 118 Stillwood Drive Atlanta	Coordia 20206					
BY: (Atty)(Ins. Co.)  Address: 118 Stillwood Drive, Atlanta, Georgia 30306  Subrogation: Claim for Property damage \$ 500.00 Bodily Injury \$  Date of Notice: 10/13/00 Method: Written, proper X Improper  Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X  Date of Occurrence 07/11/00 Place: 118 Stillwood Drive  Department PRCA Division: Parks						
Date of Notice: 10/13/00 Method: Weith	Boally injury \$					
Conforms to Notice: O C G A 836-33-5	Y Arto Liter (6 Ma)					
Date of Occurrence 07/11/00 Place	A Afte Litem (6 Mo.) X					
Denartment PRCA	Division: Parks					
Employee involved	Disciplinary Action:					
2mployee mverved	Disciplinary Action.					
NATURE OF CLAIM: The claimant alleges his property	was damaged when a tree fell on same. The investigation					
determined that the City had no notice of any problems	with the tree prior to the incident involving the claimant					
The City is immune from liability as set forth in O.C.G	A \$36-33-1					
227 2307 25 2222222 27 27 27 27 27 27 27 27 27 27 2	1.950-55-1.					
INVESTIGATION:						
Statements: City employee Claimant	Others Oral					
Pictures Diagrams Reports: Police	Dent Report Y Other					
Traffic citations issued: City Driver	Claimant Driver					
Citation disposition: City Driver	Claimant Driver					
BASIS OF RECOMMENDATION:						
Function: Governmental X	Ministerial Other X Damages reasonable					
Improper Notice More than Six Months	Other X Damages reasonable					
City not involved Offer rejecte	d Compromise settlement					
Repair/replacement by Ins. Co.	Repair/replacement by City Forces					
Claimant Negligent City Negligent	d Compromise settlement Repair/replacement by City ForcesJoint Claim Abandoned					
Respectfully submitted,						
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·/						
	Mundling Chill					
	INVESTIGATOR - DIANNE C. MITCHELL					
PRO010-00-00-00-00-00-00-00-00-00-00-00-00-						
RECOMMENDATION:						
$\sim$	$\mathcal{I}\mathcal{A}$					
Pay \$ Adverse X Ac	count charged: 1A012J012H01					
Claims Manager: / Multurelle	Concur/date /2-0/-00					
Committee Action:	Council Action					
FORM 22 (1						
FORM 23-61						

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CLER City I 55 Tri	NCIL OF THE CITY OF RK OF COUNCIL Hall inity Street, S.W. ta, Georgia 30335	OCT   3 2%	)	CE: CLAIM FOR DAM  Coday's Date:	0/23/00 Du Oct 00
Dear (	Clerk of Council:	MUMICIPAL C:		- 10-24-00 - SB - DIANNE MITCHELI	•
This is and / o	s to notify the City of At	tlanta that I have suffered dame podily injury for which I conte	ages in the amount sun nd the City is liable.	n of \$ \$500.00	property
1.		7/11/00 (Month / Day / Year)		ce called: Yes	No No
3.	Location of incident:	1118 Stillwood	Dr. Atlants	2 30306	
4.		ce company: St. Farn		Policy No <i>//-CP-</i>	
5.	State what and how in	cident occurred:A00	rtion of a	tree on cite	- of
		fell on my ho		\	mase.
6.	ALL ESTIMATES ANI	IS MUJ WSWVANCE D DAMAGES ARE SUBJECT T UR CLAIM BEING DENIED A	TO INSPECTION. TH	E MAKING OF FALSE	CLAIMS UTION!
7.	The registered owner nestimates of repair and	nust make the claim for vehicl proof of ownership of your ve	e damages, complete the curre	he following and attacl	1 two (2)
	Your Vehicle:				
	(Make)	(Year)	(Tag number)	(Driver's 1	name)
	City Vehicle:				
0	(Make)	(City driver's	name)	(Departme	nt/Bureau)
8.	Witness:(Name)	(Add	ress	(T-11-	
9.	The acknowledgment of granted by State law, no	of this claim in no way waives or is it an admission of liability	the Governmental imp	(Telephon nunity of the City of At of Atlanta and/or its en	lanta sa
10. This claim should be mailed immediately to the address shown above.					
I HER	EBY SWEAR OR AFFI RMATION IS TRUE AN	RM THAT THE ABOVE ID CORRECT.		Claimant's name) Hillwood DV.	<del></del>
	00- <i>R</i> -2033	3	Atlan	(Address)  A. Gh. SO: (City and State)	306
			<u>4.225-4/53</u> (Work telephone)	4.888-	- <i>9663</i> elephone)